Headache History: Essential Points and Extended Guidelines
Primary Care Physician Checklist

Essential Points

Regarding the HA itself: (is there only one type of HA or multiple types present?)

- Onset (how long has the HA been present)
- Nature (episodic versus continuous)
- Frequency (per week, per month, per year)
- Duration (minutes, hours, days, etc.)
- Severity (pain scale or documentation of loss of normal functioning)
- Character of Pain (stabbing, squeezing, pulsatile)
- Location (unilateral, bilateral, fronto-temporal, occipital)
- Radiation
- Aura (specify what type)
- Aggravating Factors (photophobia, phonophobia, physical exertion)
- Alleviating Factors (including medications used, sleep, position change, etc.)
- Associated nausea or vomiting
- Recent head injury or concussion

Red Flags from history ascertained:

- Fever, weight loss, night sweats, anorexia
- History of HIV, cancer or neurocutaneous disorder
- Sudden-Onset, abrupt or split-second nature
- Age under three
- Waking the child consistently from sleep
- First or worst severe headache
- Associated neurologic features (especially if present in between the headaches)
  - cognitive or behavioral regression
  - worsening speech
  - worsening gait pattern
  - worsening vision, double vision or transient loss of vision
Red Flags from history ascertained (cont’d):

- Presence less than three months duration
- Prior known headache disorder getting progressively worse

Headache Hygiene Issues:

- Sleep quality and quantity
- Eating habits
- Caffeine intake
- Physical Exercise
- Medication overuse
- Life stressor or concomitant mood disorder

Family History

Physical Exam

- Blood pressure ______
- Orthostatic HR and BP if syncopal or near-syncopal complaints
- Visual acuity
- Fundi well visualized and normal _____ Not visualized _____ Abnormal _____
- Remainder of neurologic exam

Extended Guidelines

1) By history, does the child have:
   A. acute onset of severe headache
   B. intermittent episodic headache
   C. subacute or chronic daily headache

2) If episodic or chronic, does the patient meet criteria for a primary headache disorder
   A. Migraine (list criteria)
   B. Tension HA (list criteria)

3) Have major red flags been excluded? (See page 6 of headache handbook)
   A. If not, what investigations are planned?

4) Have common complicating or causative “headache hygiene” issues been addressed to include:
   A. Sleep
   B. Eating Habits
   C. Caffeine intake
   D. Medication overuse
   E. Physical exercise
   F. Co-existent life stressors or mood disorders
   G. Recent concussion or head trauma
5) Has an appropriate abortive agent been picked for the patient?
   A. OTC meds to include:
      - acetaminophen
      - ibuprofen
      - naproxyn
      - Excedrin Migraine
   B. Triptan medication
      - correct formulation
      - correct choice for insurance
      - correct dose (see handout)
      - counseled on potential side effects
      - reviewed any potential contraindications

6) Does the patient have a school note for the abortive agent to be taken at school?

7) Has the patient had some type of HA log reviewed to include information documenting frequency, severity and in particular loss of functioning due to headaches?

8) Are there headaches consistent with migraine that affect normal functioning more than 4-8 days per month? If so, preventative medication can be recommended from the following choices (please review doses, side effects and any contraindications)
   - cyproheptadine
   - amitryptiline
   - nortriptyline
   - topiramate
   - propanolol
   - gabapentin

9) The patient should be instructed to continue their HA log and call to update every 4-6 weeks, remembering that it may take this long for the maximal effect.

10) If a patient fails the first preventer either due to lack of efficacy at reasonable doses or intolerable side effects, move on to a different second preventer medication